

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	12-13-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	9/1/12
2	10/21/01
3	02/03/03
4	✓
5	✓
6	N
7	N
8	N
9	N
10	✓
11	✓
12	✓
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
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38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet her

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